REACH

Racial and Ethnic Approaches to Community Health

For more information about CDC's REACH program,
www.cdc.gov/reach2010

Removal of Barriers to Increase Cervical Cancer Screening Among Vietnamese-American Women

Public Health Problem

Vietnamese-American women have the highest incidence of cervical cancer of any ethnic group in the United States: 43 cases per 100,000, which is five times as high as rates among non-Latina whites. In addition, cervical cancer is the second most common cancer among Vietnamese-American women. More than 25 percent of Vietnamese-American women living in Santa Clara County, California, reported in 2000 that they had never had a Pap test - a much higher percentage than the 5 percent reported for all women in the United States.

Taking Action

The Vietnamese Community Health Promotion Project organized the Vietnamese REACH for Health Initiative Coalition to prevent cervical cancer among Vietnamese-American women in Santa Clara County. The coalition has held community forums, meetings, and retreats to develop an action plan. Community members identified multiple barriers to Pap testing, including lack of information, concerns resulting from traditional beliefs, and absence of culturally and linguistically appropriate screening services that are affordable. To address these barriers, the coalition developed and launched a community action plan to promote Pap screening by creating change among community leaders, the health care system, Vietnamese-American medical providers, and Vietnamese-American families. The coalition's integrated strategy uses six approaches: 1) Media education campaign. 2) Outreach efforts by lay health workers. 3) Help to patients for navigating through the health care system and a low-cost Vietnamese-language clinic for Pap test screening that is staffed by a female Vietnamese-American physician. 4) Continuing medical education. 5) Mailed reminders. 6) Advocacy to reestablish a breast and cervical cancer control program in the county.

Implications and Impact

Preliminary results from the outreach efforts show that 46.8 percent of Vietnamese-American women who had never had a Pap test had the test after meeting with lay health workers. Overall, in this community, the percentage of Vietnamese-American women receiving Pap tests increased by 15 percent. The “patient navigator” received calls from more than 1,214 Vietnamese-American women seeking information and assistance. As a result, 724 women registered to receive a Pap test. In addition, 50 Vietnamese-American physicians have been educated about cervical cancer screening, diagnosis, and treatment, and 29 physicians have registered 4,187 women in a reminder system. A cancer information Web site established for this program has received more than 1,200 visitors and 10,600 hits per month. Moreover, the Breast and Cervical Cancer Control Program has been reestablished in Santa Clara County with two clinics and three health care providers.

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Massachusetts

Achievement of Critical Health Outcomes by Culturally Tailored Prevention and Control Strategies for Diabetes in Latinos

Public Health Problem

The prevalence of diabetes in Latinos in Massachusetts is almost 1.5 times that of whites in the state. The Greater Lawrence Family Health Center reported that for Latino patients, disparities in diabetes prevalence largely occurred among Puerto Ricans and Dominicans. The prevalence of diabetes was 13.7 percent among Puerto Ricans and 9.1 percent among Dominicans as compared with 5 percent among other Latinos (similar to that for the general population in Lawrence).

Taking Action

The REACH 2010 Latino Health Project's Community Action Plan acted to address the high prevalence of diabetes among these two groups. Action included both community-based strategies to educate people about diabetes control and changes to the Greater Lawrence Family Health Center that improved the access of these patients to primary care. Culturally tailored prevention strategies included: intergenerational exercise through the YWCA; media outreach; church involvement; education about children's diabetes through the Lawrence Teen Coalition, Boys and Girls Clubs, and Family Services, Inc.; nutrition education and modeling through the Lawrence Senior Center, Merrimack Valley Nutrition Project, and Home Health Visiting Nurses' Association (VNA); and culturally tailored empowerment groups.

Implications and Impact

Preliminary data from Latino community residents with diabetes who are patients of the Greater Lawrence Family Health Center show dramatic improvements in control of high blood glucose and high blood pressure control between 2001 and 2003. Hemoglobin A1c (blood sugar) measures below 7.0 improved 8.7 percent (from 20.7 percent to 22.5 percent); systolic blood pressure below 130 mm Hg improved by 17.5 percent (from 53.6 percent to 63 percent); and diastolic blood pressure below 80 mm Hg improved 14.4 percent (from 69.6 percent to 79.6 percent).

Several measures of care also improved substantially from 2001 to 2003. Percent of patients referred for eye exams increased from 50.6 percent to 64 percent (a relative increase of 26.5 percent); percent receiving a microalbumin screen increased from 46.1 percent to 69.7 percent (a relative increase of 51.2 percent); percent for which aspirin was prescribed increased from 50.6 percent to 62.9 percent (a relative increase of 24 percent); percent whose smoking status was reviewed increased from 27 percent to 66.3 percent (a relative increase of 145.5 percent); and percent whose activity status was ascertained increased from 42.7 percent to 74.2 percent (a relative increase of 73.8 percent).

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Massachusetts

Increasing Knowledge of HIV Prevention Among Haitians

Public Health Problem

Haitians bear a disproportionate burden of acquired immunodeficiency syndrome (AIDS) in Massachusetts and account for 18 percent of all pediatric AIDS cases. The percentage of reported AIDS cases in Massachusetts among Haitians is 6 times the proportion of Haitians in the state. The proportion of women among Haitians with AIDS is very high compared with the proportion of women in the general population of Massachusetts. Among persons who had AIDS in Massachusetts as of September 1999, 13 percent were born outside the United States and 75 percent were born in Haiti.

Taking Action

To meet the challenges of this public health crisis, the Boston REACH coalition implemented a community action plan to address prevention of human immunodeficiency virus (HIV) among Haitians in Boston. Central actions included: interventions targeted to small groups, with specialized workshops reaching Haitian men, women, youth, couples, those with HIV, and new immigrants; a media campaign with dissemination of culturally and linguistically appropriate messages about HIV through Haitian radio and print; training and technical assistance for coalition partners to provide Haitian health professionals with the tools to effectively serve their constituents and to build the capacity of small Haitian community-based organizations in the metropolitan Boston area; and training on Haitian culture and health beliefs for non-Haitian health care providers serving Haitians.

Haitian faith leaders and media leaders were identified by the community as playing an important role in the lives of Haitians. These potential "agents of change" are, for the first time, becoming engaged in HIV prevention activities in their community.

Implications and Impact

Early outcomes show an increase in knowledge and awareness of modes of HIV/AIDS transmission and of self-protective behaviors to prevent HIV transmission across all targeted groups. The coalition also has made significant progress in creating an environment for dialogue and in assessing shortcomings in the fight against HIV.

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African American Health Coalition

Public Health Problem

Death rates for cardiovascular disease among African Americans living in Oregon are alarmingly high, considering the small size of the population. In Oregon, the average 10-year, age-adjusted rate for stroke mortality is 59.3 percent among African Americans and 29 percent among whites. This finding translates to a 51 percent higher chance of a stroke for African Americans than for whites. Similarly, the compressed 10-year mortality rate for cardiovascular disease among African Americans in Oregon is 121.8 percent compared with 89 percent among whites. The gap between mortality from cardiovascular disease among African Americans and among whites is 26 percent in Oregon compared with 10 percent nationally. Reducing risk factors for cardiovascular disease (smoking, physical inactivity, poor nutrition, diabetes and obesity) can improve health and quality of life, and reduce healthcare costs.

Taking Action

Oregon's African American Health Coalition, Inc. (AAHC) implemented a variety of community-based strategies to address the root causes of the gap in mortality between cardiovascular disease among African Americans and whites. The program "Lookin' Tight, Livin' Right" uses existing relationships between beauty shop and barbershop operators and their clients to promote healthy behaviors. An intervention for youth, HOLLA!, partners with local high schools and trains students to educate their peers about cardiovascular disease and its risk factors. To reach low-income African Americans enrolled in the Oregon Medicaid program, another intervention uses educational mailings designed to raise awareness and increase use of preventive services. The Coalition's Wellness Within REACH (WWR) program consists of free physical activity classes centered on the African American community to open access by increasing the affordability, availability, and comfort level of leading an active lifestyle.

Implications and Impact

Of participants in the Wellness Within REACH program, 58 percent reported exercising more than they had 6 months previously. This program has become a "movement" in the local community, changing the community's norm toward physical activity. In September 2003, AAHC launched its first annual Wellness Within REACH Walk to celebrate the community's health and raise funds to sustain WWR classes. The event drew more than 500 participants and illustrates the community's support for AAHC's community-based, innovative REACH programs.

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South Carolina

Improved Diabetes Care and Control for African Americans

Public Health Problem

African Americans in South Carolina have a greater risk than whites for developing diabetes. African Americans also have a greater risk for diabetes complications, such as heart disease, stroke, blindness, renal failure, and amputation. Diabetes is the sixth leading cause of death in South Carolina, claiming more than 1,600 lives each year. One of every seven patients in a South Carolina hospital has diabetes. The American Diabetes Association reports that the average expenditure for diabetes in 2002 was $13,243 for each person who had diabetes, compared with $2,560 for each person who did not have diabetes.

Taking Action

The goal of the REACH 2010 Charleston and Georgetown Diabetes Coalition is to improve diabetes care and control for more than 12,000 African Americans with diabetes. The Diabetes Initiative of South Carolina and more than 40 partner organizations are supporting the coalition as it develops and carries out a comprehensive community action plan to reach out to African Americans where they live, worship, work, play, and seek health care. The plan aims to decrease the tremendous burden of diabetes and link people with needed services. Strategies include establishing walk-and-talk groups, providing diabetes medicines and supplies, and creating learning environments where health professionals and people with diabetes learn together. In addition, the plan calls for establishing library learning and resources, offering advice on how to buy and prepare healthier foods, and improving the quality of diabetes care.

Implications and Impact

Just 2 years after the program began, African Americans in Charlestown and Georgetown, South Carolina, are more physically active, are being offered healthier foods at group activities, and are getting better diabetes care and control. In addition, some disparities have been greatly reduced for African Americans with diagnosed diabetes. For example, more African Americans are having the recommended annual tests to determine their hemoglobin A1c (blood sugar) level, lipid profile, kidney function, as well as referral for eye examination using dilation, and measurement of blood pressure. A 21 percent disparity in hemoglobin A1c (blood sugar) testing between African Americans and whites has been virtually eliminated. The coalition's goal is to eliminate all disparities in diabetes care and control by 2007.

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